

Utah Department of Corrections - Application for Visitation

☐ New Adult Application ☐ New Adult and Minor Application ☐ Renewal ☐ Information Change

Inmate/Adult Applicant Information

Inmate Name (Last, First, Middle)	Inmate Number	Housing Unit	Relationship to Inmate:
Applicant Name (Last, First, Middle)	Applicant SSN	Applicant DOB	Applicant Phone Number
Applicant Mailing Address	Applicant Email		

Applicant Driver's License/ ID Number	State
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Guardian Name (Last, First, Middle) <i>If different from above applicant</i>	Applicant Relationship to Minors:		
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:
Minor Name (Last, First, Middle)	Minor SSN	Minor DOB	Relationship to Inmate:

Falsification of any information will result in a DENIAL

By signing below, you certify all the information provided is correct, and you agree to follow the visiting rules and all officer directions:

Printed Name	Signature	Date Signed
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Visiting Staff Section:

License:	Valid	Suspended/Denied	FBI Number:		
State:	No Record	Record			
Nation:	No Record	Record	SID Number:		
Warrants:	N/A	Active			
ThrIVE Status:	Entered	Cannot Be Entered	Warrant Number:		
Date Received:			ThrIVE Username/Password:	<input type="checkbox"/> Picture <input type="checkbox"/> Phone #	
			Approved		Denied
			Comments:		
Officer Signature:					

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Acknowledgement

Failure to answer the following questions honestly and completely will result in a denial.

Answering "Yes" to questions 1 – 5 will require a written explanation.

1. Are you a current or former employee of the Utah Department of Corrections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a current or former volunteer, contractor, or student intern for the Utah Department of Corrections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a victim of the inmate (current and past crimes included)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any of your family members victims of the inmate (current and past crimes included)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If this application includes minors, are any of the minor applicants a victim of the inmate (current and past crimes included)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you acknowledge that minor applicants may be only accompanied by the minor's grandparent or adult sibling only if a permission letter (<i>see below</i>) has been received and approved by visiting staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you acknowledge that minor applicants may not be accompanied by the minor's step-parent, step-grandparent, step-sibling, or extended family members? (<i>Exceptions may be made on a case-by-case basis</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you agree to follow the Visiting Rules, as outlined on corrections.utah.gov ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you agree to follow the Visiting Dress Code, as outlined on corrections.utah.gov ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Document Checklist

Failure to include the necessary documentation will result in a denial.

Adults/Minors 16+: Color photo of state-issued ID(s)*	<input type="checkbox"/>
Minors: Color copy of Birth Certificate(s)	<input type="checkbox"/>
Non-Parent Guardians: Proof of guardianship for each minor	<input type="checkbox"/>
Adult Sibling(s)/Grandparent(s): Proof of relationship to each minor	<input type="checkbox"/>
Adult Sibling(s)/Grandparent(s): Written and notarized permission letter from each minor's parent/legal guardian	<input type="checkbox"/>
Visitors w/ Medical Devices: A doctor's note verifying medical device	<input type="checkbox"/>

Submit this application via one of the methods below:

Mail: Utah State Prison, Attn: Visiting, P.O. Box 250, Draper, UT 84020 / Email: uspvisiting@utah.gov / Fax: 801-576-7015

Mail: Central Utah Correctional Facility, Attn: Visiting, P.O. Box 898, Gunnison, UT 84634 / Email: cucfvisiting@utah.gov

*If you submit this application via email, the photo needs to be a JPEG or PNG type file. PDF and other file types will not be accepted.